## **FEC** FORM 3

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For An A	Authorized Comm	nittee	C	Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAIL OR TYPE OR F		ample:If typing, type er the lines		
BILL THOMAS CAMPA	AIGN COMMITTEE				
	1 1 1 1 1 1 1	1 1 1 1 1 1			
ADDRESS (number and str	reet) PO BOX 39	95			
Check if different					
than previously reported. (ACC)	BAKERSFI	ELD, , , , ,		[CA]	93302
2. FEC IDENTIFICATION	NUMBER 🔻	CITY 🛕		STATE	ZIP CODE ▲  STATE ▼ DISTRIC
C00100537		3. IS THIS REPORT	X NEW (N) OR	AMENDE (A)	CA 22
4. TYPE OF REPORT  (a) Quarterly Reports	,	(b) 12-Day <b>PRI</b>	E-Election Report for the	<b>9</b> :	
	dad Daniel (O4)		Primary (12P)	General (120	G) Runoff (12R)
	rterly Report (Q1)		Convention (12C)	Special (125	S)
X July 15 Quar	terly Report (Q2)			_	in the
October 15 C	Quarterly Report (Q3)	Election on			State of
January 31 Y	ear-End Report (YE)	(c) 30-Day <b>POS</b>	<b>ST</b> -Election Report for the	ne:	
			General (30G)	Runoff (30R	Special (30S)
Termination I	Report (TER)	Election on			in the State of
5. Covering Period	0 4 0 1	2006	through	6 30	2006
I certify that I have examined	d this Report and to the	best of my knowledg	e and belief it is true, co	rrect and complete.	
Type or Print Name of Treas	surer ROBIN	I FOSTER			
Signature of Treasurer E	electronically Filed by	ROBIN FOSTER		Date 0 7	15 2006
NOTE : Submission of false	e, erroneous, or incomp	lete information may s	subject the person signii	ng this Report to the pe	enalties of 2 U.S.C 437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

## Image# 26940259454

## **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name **BILL THOMAS CAMPAIGN COMMITTEE** ° D 0 6 From: 0 4 0.1 2006 2006 Report Covering the Period: To: 3 0 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 0.00 914245.33 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 86800.00 94200.00 (from Line 20(d))..... (c) Net Contributions (other than loans) -86800.00 820045.33 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 82520.87 709383.50 (from Line 17)..... (b) Total Offsets to Operating 0.00 1000.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 708383.50 82520.87 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 69221.99 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission

999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003) Page 3 Write or Type Committee Name **BILL THOMAS CAMPAIGN COMMITTEE** ° D 0 4 2006 06 2006 From: 0 1 3 0 Report Covering the Period: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 189243.33 (i) Itemized (use Schedule A)..... 0.00 4510.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 193753.33 from individuals..... 0.00 392.00 (b) Political Party Committees..... (c) Other Political Committees 0.00 720100.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 0.00 914245.33 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 1000.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 6513.39 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 0.00 921758.72

FEC Form 3 (Revised 02/2003)

## **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	82520.87	709383.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:  (a) Of Loans Made or Guaranteed  by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees	15300.00	15700.00
(b) Political Party Committees (c) Other Political Committees	71500.00	78500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	86800.00	94200.00
21. OTHER DISBURSEMENTS	79100.00	373800.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)	248420.87	1177383.50
III. CASH SUMMA	ARY	
23. CASH ON HAND AT BEGINNING OF REPORTING	PERIOD	317642.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, pag	ge3)	0.00
25. SUBTOTAL (add Line 23 and Line 24)		317642.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line	<del>2</del> 22)	248420.87
27. CASH ON HAND AT CLOSE OF REPORTING PER	IOD	

iiayt	<del>2</del> # 2094025945 <i>1</i>				
	SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the Detailed Summary Page		NUMBER: PAGE 5/34 ly one)  X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using the				
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMI	TEE			
Α.	Full Name (Last, First, Middle Initial) All American Executive Financial Se  Mailing Address 7501 Downing Ave				Transaction ID: SB17.12731 Date of Disbursement  0 4
	City Bakersfield	State CA	Zip Code 93308		Amount of Each Disbursement this Period
	Purpose of Disbursement FEC DATA MGMT Candidate Name	001 Category/ Type	S25.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought:    House   D     Senate   President     State: District:	isbursement For: Primary Other (sp	General pecify)	.,,,,,	
В.	Full Name (Last, First, Middle Initial) American Express  Mailing Address P.O. BOX 650448				Transaction ID: SB17.12808  Date of Disbursement  M M M / D D D / Y Y Y O O O
	City DALLAS Purpose of Disbursement COMPUTER SUPPLIES Candidate Name	001 Category/ Type	Amount of Each Disbursement this Period  206.11  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought:    House   D	isbursement For: Primary Other (sp	General pecify) ▼	71	
C.	Full Name (Last, First, Middle Initial) AT &T  Mailing Address P. O. BOX 78110				Transaction ID: SB17.12772 Date of Disbursement  M 5 M / D 2 3 / Y Y Y O Y 6 Y 2 0 0 6 Y
	City PHOENIX  Purpose of Disbursement TELEPHONE Candidate Name	State AZ	Zip Code 85062	001 Category/ Type	Amount of Each Disbursement this Period  120.06  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate President  State:  District:	sbursement For: Primary Other (sp	General pecify) ▼		

851.17

SUBTOTAL of Disbursements This Page (optional) .....

S	CHEDULE B (FEC Form 3	) Use seperate schedul	FOR LINE NUMBER:	PAGE 6/34		
IT	EMIZED DISBURSEMENT		e (check only one)	19a 19b 20c 21		
	y Information copied from such Reports an for commercial purposes, other than using		ised by any person for the purpose of s	solicating contributions		
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMM	ITTEE				
Α.	Full Name (Last, First, Middle Initial) AT &T		Transaction ID  Date of Disburs	ement		
	Mailing Address P. O. BOX 78110		0.6	1 4		
	City PHOENIX	State Zip Code AZ 85062	Amount of Each	n Disbursement this Period		
	Purpose of Disbursement TELEPHONE		001 Refund or D	112.27		
	Candidate Name			s Required Under		
	Senate President	Disbursement For:  Primary Gene  Other (specify) ▼				
	State: District:					
В.	Full Name (Last, First, Middle Initial) BAKERSFIELD AIR CHARTER		Date of Disburs			
	Mailing Address 1301 SKYWAY D	0 6	06 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	City BAKERSFIELD	State Zip Code CA 93308	Amount of Each	n Disbursement this Period		
	Purpose of Disbursement TRAVEL		002 Refund or D	1989.24 Disposal of Excess		
	Candidate Name		Category/ Contribution	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate President	Disbursement For:  Primary Gene  Other (specify) ▼	al			
	State: District:	Caron (openiny)				
C.	Full Name (Last, First, Middle Initial) BAKERSFIELD AIR CHARTER		Transaction ID Date of Disburs			
	Mailing Address 1301 SKYWAY D	RIVE	06 / 0	13 / 2006		
	City BAKERSFIELD	State Zip Code CA 93308	Amount of Each	n Disbursement this Period		
	Purpose of Disbursement TRAVEL		002 Refund or D	718.00 Disposal of Excess		
	Candidate Name			is Required Under		
	Office Sought: House Senate President	Disbursement For:  Primary Gene Other (specify) ▼	<u> </u>			
	State: District:					

SUBTOTAL of Disbursements This Page (optional) .....

iiay	5# 20940239439														
	SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		•	for each	erate schedule(s) category of the Summary Page		OR LINE No.	one)		18 20b	П	19a 20c	GE	7 / 3 <sup>2</sup> 19b 21	1
		ed from such Reports rposes, other than usir													S
	NAME OF COMP BILL THOMAS	MITTEE (In Full) CAMPAIGN COM	MITTEE												
Α.	Full Name (Last, First, Middle Initial)  A- CA DMV RENEWAL							Trans Date of	of Dis	burs	_			5 0 ŏ 6	Y
	Mailing Address	PO BOX 94289	7					0.6		<u></u>	3		. 2	0 0 6	
	City State Zip Code SACRAMENTO CA 94297							Amou	nt of I	Each	Dis	burser			
	Purpose of Disbu					00	01	Re	efund	or D	ispo	sal of I	Exce	279.0 ess	00
	Candidate Name					Cate Typ			ontribu C.F.I			quired 3	Und	der	
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	General ecify) ▼										
	State:	District:													
В.	CAPITOL HILL	First, Middle Initial) - CLUB						Trans Date of	of Dis	burs	eme				_
	Mailing Address 300 FIRST ST SE							0 <sup>M</sup> 6	M /	<sup>D</sup> 2	26	/ <u>  Y</u>	ž	οŏε	5 <sup>Y</sup>
	City WASHINGTOI	N		State DC	Zip Code 20003			Amou	nt of I	Each	Dis	burser	nent	this F	Period
	Purpose of Disbursement CATERING 007					7	R <sub>4</sub>	afund	or D	ieno	sal of I	-	273.	54	
	Candidate Name					Cate Tyr	gory/	Co		utions	s Re	quired			
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	General <b>▼</b>										
	State:	District:													
C.	CASH	First, Middle Initial)						Trans Date of	of Dis	burs	eme		2834	1	
	Mailing Address 4900 CALIFORNIA AVE							0 <sup>M</sup> 5	M /	□ 3	3 O	/ Y	ž	οŏε	, Y
	City State Zip Code BAKERSFIELD CA 93309							Amou	nt of I	Each	Dis	burser	nent	this F	Period
	Purpose of Disbursement CASH					00	)1	Be	efund	or D	isno	sal of I	-	400.0	00
	Candidate Name  Category/ Type						gory/	Co		utions	s Re	quired			
	Office Sought:	House Senate President	Disburser	ment For: Primary Other (spe	General ecify) ▼	, ,,	-								
	State:	District:													

3952.54

SUBTOTAL of Disbursements This Page (optional) .....

0	CHEDIII E B /EEC Earm 2	<b>\</b>			_	
SCHEDULE B (FEC Form 3				rate schedule(s)		LINE NUMBER: PAGE 8/34 conly one)
IT	EMIZED DISBURSEMENT	S	for each category of the Detailed Summary Page		(0.100)	X   17
						son for the purpose of solicating contributions o solicit contributions from such committee
$\setminus$	NAME OF COMMITTEE (In Full)					
$ \rangle$	BILL THOMAS CAMPAIGN COMM	MITTEE				
_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17.12724
A.	Federal Express					Date of Disbursement
	Mailing Address PO BOX 1140					0 4 M / D 0 6 / Y 2 0 0 6 Y
	City		State	Zip Code		Amount of Each Disbursement this Period
	MEMPHIS  Purpose of Disbursement		TN	38101		164.47
	SHIPPING				001	Refund or Disposal of Excess
	Candidate Name				Category/	
	Office Sought: House	Disburser	mont For:		Туре	
	Senate	Disbursei	Primary	General		
	President		Other (spec	cify) 🔻		
	State: District:					
В.	Full Name (Last, First, Middle Initial) Federal Express					Transaction ID: SB17.12791
						Date of Disbursement
	Mailing Address PO BOX 1140					0 6 M / D D D / Y Z O O 6 Y
	City		State	Zip Code		Amount of Each Disbursement this Period
	MEMPHIS  Purpose of Disbursement		TN	38101		24.01
	SHIPPING				001	Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser				
	Senate President		Primary Other (spec	General		
	State: District:		(-	- <b>3</b> / <b>V</b>		
_	Full Name (Last, First, Middle Initial)					Transaction ID: SB17.12792
C.	Federal Express					Date of Disbursement
	Mailing Address PO BOX 1140					06 M / D D / Y 2 O O 6 Y
	City MEMPHIS		State TN	Zip Code 38101		Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING				001	37.11
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:			
	Senate		Primary	General		
	State: President  District:		Other (spec	cify) 🔻		
г	Olate. District.					
l <sub>s</sub>	UBTOTAL of Disbursements This Page (	optional)				225.59

SCHEDULE B (FECFORIII 3 )		I lea congrata congdula(c)		E NUMBER: PAGE 9/34
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page	(check on	X   17
	ly Information copied from such Reports and State for commercial purposes, other than using the nan			
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE	:		
Α.	Full Name (Last, First, Middle Initial) Federal Express  Mailing Address PO BOX 1140			Transaction ID: SB17.12796 Date of Disbursement  M M M / D 1 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City MEMPHIS	State Zip Code TN 38101		Amount of Each Disbursement this Period
	Purpose of Disbursement SHIPPING Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate  President  State:  Disburs	sement For:  Primary General  Other (specify) ▼	31	
В.				Transaction ID: SB17.12728 Date of Disbursement  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 910 PENN. AVE SE			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} $
	City WASHINGTON  Purpose of Disbursement CATERING	State Zip Code DC 20003	003	Amount of Each Disbursement this Period  244.53  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate  President  State:  Disburs  Disburs  State:	sement For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) PETROLEUM CLUB			Transaction ID: SB17.12727 Date of Disbursement
	Mailing Address 5060 California Avenue			$ \begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 6 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix} $
	City BAKERSFIELD	State Zip Code CA 93309		Amount of Each Disbursement this Period
	Purpose of Disbursement CATERING	111.94  Refund or Disposal of Excess		
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs	sement For:  Primary General  Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional)	)		380.48
	OTAL This Period (last page this line number only			

## SCHEDULE B (FEC Form 3 ) **ITEMIZED DISBURSEMENTS**

nage# 26940259462			
SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  X 17 18 20a 20b	PAGE 10/34  19a
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE			
Full Name (Last, First, Middle Initial)  A. SBC TELEPHONE SVC		Transaction ID: SB Date of Disbursemen	nt

$\rangle$	BILL THOMAS CAMP	` '	MITTEE			
Α.	Full Name (Last, First, Mid SBC TELEPHONE SV	,				Transaction ID: SB17.12732 Date of Disbursement
	Mailing Address P.O.	BOX 93017	70			$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&\end{smallmatrix}\end{bmatrix} / \begin{bmatrix}\begin{smallmatrix}D&1&0\\&1&6\end{smallmatrix}] / \begin{bmatrix}\begin{smallmatrix}Y&&Y&0&0&6\\&&2&0&0&6\end{smallmatrix}$
	City DALLAS		State TX	Zip Code 75393		Amount of Each Disbursement this Period
	Purpose of Disbursement TELEPHONE				001	188.04  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Se Pre	nate esident	Disbursement For: Primary Other (spe	General ecify) ▼		
В.	State: Distric  Full Name (Last, First, Mic SOUTH COAST CEN	ddle Initial)				Transaction ID: SB17.12735 Date of Disbursement
	Mailing Address 818	JENNINGS	AVENUE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 5 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & 2 & Q & Q & G \end{bmatrix} $
	City SANTA BARBARA		State CA	Zip Code 93103		Amount of Each Disbursement this Period
	Purpose of Disbursement OFFICE FURNITURE			00100	001	780.00  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Se	ouse nate esident	Disbursement For: Primary Other (spe	General ecify) ▼		
C.	Full Name (Last, First, Mic					Transaction ID: SB17.12733 Date of Disbursement
	Mailing Address PO I	BOX 660092	2			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & G \\ 2 & Q & Q & G \end{smallmatrix} \end{bmatrix}$
	City DALLAS		State TX	Zip Code 75266		Amount of Each Disbursement this Period
	Purpose of Disbursement TELEPHONE				001	78.36  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Se	ouse onate esident	Disbursement For: Primary Other (spe	General ecify) ▼		
						1046 40
	UBTOTAL of Disbursemer	<u>_</u>	, ,			1046.40
T	OTAL This Period (last page	ge this line nur	mber only)			

SPRINT PCS

Mailing Address

Purpose of Disbursement

City

**DALLAS** 

**TELEPHONE** 

Office Sought:

Mailing Address

State:

C.

Candidate Name

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

**BILL THOMAS CAMPAIGN COMMITTEE** 

PO BOX 660092

House

Senate

District:

Full Name (Last, First, Middle Initial)

State Farm Insurance

President

FOR LINE NUMBER: PAGE 11/34 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Transaction ID: SB17.12797 Date of Disbursement 0 6 2006 State Zip Code Amount of Each Disbursement this Period TX 75266 67.21 001 Refund or Disposal of Excess Contributions Required Under Category/ 11 C.F.R. 400.53 Type Disbursement For: Primary General Other (specify) Transaction ID: SB17.12726 Date of Disbursement ้ 0 6 0 4 2006 4025 STOCKDALE HWY

City		State	Zip Code		Amount of Each Disbursement this Period
Purpose of Disbur VEHICLE INSUR	rsement	CA	93309	001	411.61  Refund or Disposal of Excess
Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Senate President District:	Disbursement For: Primary Other (spe	General ecify) ▼		
Full Name (Last, F US BANK	First, Middle Initial)				Transaction ID: SB17.12738 Date of Disbursement
Mailing Address	P.O. BOX 7904	108			05 16 7 2006
City ST LOUIS		State MO	Zip Code 63179		Amount of Each Disbursement this Period
Purpose of Disbur					4046.48  Refund or Disposal of Excess
Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:	House Senate President	Disbursement For: Primary Other (spe	General ocify) ▼		
State:	District:				
SUBTOTAL of Disb	ursements This Page	e (optional)		<b>&gt;</b>	4525.30
TOTAL This Period	(last page this line n	ımber only)			

0								
	CHEDULE B (FEC Form 3 )		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 12/34			
IT	ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and State for commercial purposes, other than using the nar							
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE							
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: SB17.12738.0			
A.	UNITED AIRLINES				Date of Disbursement			
	Mailing Address P.O. BOX 66100				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} & \begin{smallmatrix} D & O & D \\ O & O \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & O & G \end{smallmatrix} \end{bmatrix}$			
	City CHICAGO	State IL	Zip Code 60666		Amount of Each Disbursement this Period			
	Purpose of Disbursement TRAVEL			002	400.00  Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	ÿ	sement For:		. , , , ,	[MEMO ITEM]			
	Senate President	Primary Other (spec	General cify) ▼					
	State: District:							
В.	Full Name (Last, First, Middle Initial) SMART AND FINAL				Transaction ID: SB17.12738.1 Date of Disbursement			
	Mailing Address F STREET				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y \\ 2 & O & O & G \end{smallmatrix} \end{bmatrix}$			
	City BAKERSFIELD	State CA	Zip Code 93301		Amount of Each Disbursement this Period			
	Purpose of Disbursement CATERING SUPPLIES		003	214.91  Refund or Disposal of Excess				
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburs Senate	sement For: Primary	General		[MEMO ITEM]			
	President State: District:	Other (spec	cify)					
C.	Full Name (Last, First, Middle Initial) AMERICA WEST AIRLINES				Transaction ID: SB17.12738.2 Date of Disbursement			
	Mailing Address 4000 E SKY HARBOR	3LVD			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$			
	City PHOENIX	State AZ	Zip Code 85034		Amount of Each Disbursement this Period			
	Purpose of Disbursement TRAVEL			002	456.90  Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburs	sement For:	General		[MEMO ITEM]			
	President State: District:	Other (spec	cify)					
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						20a 20b 20c 21  for the purpose of solicating contributions
or	for commercial purposes, other than using	g the name	and addres	ss of any politica	l committee to s	solicit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMI	MITTEE				
Α.	Full Name (Last, First, Middle Initial) US BANK	Transaction ID: SB17.12782 Date of Disbursement				
	Mailing Address P.O. BOX 79040	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	City ST LOUIS	Amount of Each Disbursement this Period				
	Purpose of Disbursement SEE TRASNACTION SPLIT					4288.61  Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	General		
	State: District:					
В.	Full Name (Last, First, Middle Initial) UNITED AIRLINES					Transaction ID: SB17.12782.0 Date of Disbursement
	Mailing Address P.O. BOX 66100					
	City CHICAGO		State IL	Zip Code 60666		Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL		002	Refund or Disposal of Excess		
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53  [MEMO ITEM]
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	General		
	State: District:		Otrici (Spc	(Non'y) <b>▼</b>		
C.	Full Name (Last, First, Middle Initial) COLUMBIA BOOKS					Transaction ID: SB17.12782.1 Date of Disbursement
	Mailing Address					$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City WASHINGTON		State DC	Zip Code		Amount of Each Disbursement this Period
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	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	General	1 300	[MEMO ITEM]
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$\setminus$	NAME OF COMMITTEE (In Full)							
V	BILL THOMAS CAMPAIGN COMMITTEE							
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: SB17.12782.2			
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	Senate   President	Primary General Other (specify) ▼	li .					
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В.	Full Name (Last, First, Middle Initial) HYATT HOTELS				Transaction ID: SB17.12782.3 Date of Disbursement			
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	Mailing Address K STREET				04 20 2006			
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			Type	11 C.F.R. 400.53 [MEMO ITEM]				
	Office Sought: House Disburse Senate	ment For:  Primary Genera	ı		[MEMOTIEM]			
	President	Other (specify)						
	State: District:							
C.	Full Name (Last, First, Middle Initial)  AMERICA WEST AIRLINES				Transaction ID: SB17.12782.4 Date of Disbursement			
	Mailing Address 4000 E SKY HARBOR BL	LVD			$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&D\\2&5\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&6\end{smallmatrix}\end{bmatrix}$			
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		AZ 85034	_		344.19			
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	Candidate Name	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disburse	ment For:	-!	76.4	[MEMO ITEM]			
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$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE						
Α.	Full Name (Last, First, Middle Initial) US BANK				Transaction ID: SB17.12801 Date of Disbursement		
	Mailing Address P.O. BOX 790408				$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ D & D & D & D \\ D & D & D & D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D & D & D \\ D & D & D & D \\ D & D & D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D \\ D & D \\ D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D \\ D & D \\ D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D \\ D & D \\ D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D \\ D & D \\ D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D \\ D & D \\ \end{smallmatrix} & D & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D \\ D & D \\ D & D \\ \end{smallmatrix} & D \\ \end{smallmatrix} & \begin{bmatrix} D & D & D \\ D & D \\ D & D \\ \end{smallmatrix} & D \\ \end{bmatrix}$		
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	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General  /) ▼				
_	State: District:						
В.	Full Name (Last, First, Middle Initial) DELTA AIRLINES				Transaction ID: SB17.12801.0 Date of Disbursement		
	Mailing Address P.O. BOX 20706				$\begin{bmatrix} 0 & 5 & M \\ 0 & 5 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 9 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 6 \end{bmatrix}$		
	•		ip Code 30320		Amount of Each Disbursement this Period		
	Purpose of Disbursement TRAVEL			002 Refund or Disposal of Excess			
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General		[MEMO ITEM]		
	State: District:	, ,	, <b>t</b>				
C.	Full Name (Last, First, Middle Initial) UNITED AIRLINES				<b>Transaction ID:</b> SB17.12801.1 Date of Disbursement		
	Mailing Address P.O. BOX 66100				$\begin{bmatrix}\begin{smallmatrix}M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix}\begin{smallmatrix}D & 2 & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix}\begin{smallmatrix}Y & Y & Y & Q & Q & G \\ Y & Y & Q & Q & G & Y \end{smallmatrix} \end{bmatrix}$		
			ip Code 60666		Amount of Each Disbursement this Period		
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	Office Sought: House Disburse Senate President	ment For: Primary Other (specify	General	76-	[MEMO ITEM]		
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	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITT		, ps						
Α.	Full Name (Last, First, Middle Initial) OFFICE DEPOT				Date	of Disburs	D / V		
	Mailing Address 9800 ROSEDALE HV	ΙΥ			0 5		23 /	2 (	0 0 6
	City BAKERSFIELD	State Zip C CA 9331			Amou	int of Eac	h Disburser	-	this Period
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	Office Sought:    House   District     Senate   President     State:   District:	ursement For: Primary Other (specify)	General		[IVI EIV	IO II EIVI	ı		
В.	Full Name (Last, First, Middle Initial) US POSTMASTER  Mailing Address 1730 18TH ST				Date	of Disburs	9: SB17.12 sement 2 6		.3 0 0 6 °
	City BAKERSFIELD	State Zip C CA 9330			Amou	int of Eac	h Disburser	nent	this Period
	Purpose of Disbursement POSTAGE	006	2730.00  Refund or Disposal of Excess Contributions Required Under						
	Office Sought: House Disb		General	Category/ Type	11	Ontribution C.F.R. 4	00.53	Und	ier
	State: District:	Other (specify)	,						
C.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS				Date	of Disburs			
	Mailing Address PO BOX 4001				o <sup>M</sup> 4	M / D	0 6 Y	ž	0 0 6 °
	City INGLEWOOD	State Zip C CA 9031			Amou	int of Eac	h Disburser	nent	this Period
	Purpose of Disbursement TELEPHONE Candidate Name	001 Category/	C		Disposal of los Required				
	Senate President	ursement For: Primary Other (specify)	General	Туре	• •				
	State: District:								

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## SCHEDULE B (FEC Form 3 ) **ITEMIZED DISBURSEMENTS**

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$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTE			
Α.	Full Name (Last, First, Middle Initial) VERIZON WIRELESS  Mailing Address PO BOX 4001			Transaction ID: SB17.12810 Date of Disbursement  DD
	Senate President State: District:	State Zip Code CA 90313	001 Category/ Type	Amount of Each Disbursement this Period  64.04  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
В.	Full Name (Last, First, Middle Initial) VICTORY FUNDS  Mailing Address 6041 TURTLE CREEK	< CT		Transaction ID: SB17.12723 Date of Disbursement  O 4  O 6  Y Y Y Y O O 6
	City	State Zip Code		Amount of Each Disbursement this Period

	State. District.			
3.	Full Name (Last, First, Middle Initial) VICTORY FUNDS			Transaction ID: SB17.12723 Date of Disbursement
	Mailing Address 6041 TURTLE	CREEK CT		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City NO. RICHLAND HILLS	State Zip Code TX 76180		Amount of Each Disbursement this Period
	Purpose of Disbursement FUNDRISING SERVICES		003	11000.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	Disbursement For:  Primary General  Other (specify) ▼		
<b>)</b> .	Full Name (Last, First, Middle Initial) VICTORY FUNDS  Mailing Address 6041 TURTLE	CREEK CT		Transaction ID: SB17.12730  Date of Disbursement  04
	City	State Zip Code		Amount of Each Disbursement this Period
	NO. RICHLAND HILLS	TX 76180		
	Purpose of Disbursement TRAVEL		003	1449.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disbursement For:  Primary General  Other (specify) ▼		
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	Mailing Address 6041 TU  City	RTLE CREEK C	T State	Zip Code			unt of I			ırcom		is Period
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	NO. RICHLAND HILLS		State TX	Zip Code 76180		Amo	unt of I	Each	Disbu	urseme		is Period 90.00
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	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate	Disburse	ment For: Primary	General								
	State: Presider District:	nt	Other (spe	ecify) 🔻								
C.	Full Name (Last, First, Middle In VICTORY FUNDS	nitial)				Date	of Dis	burse	ement	7.127	99	
	Mailing Address 6041 TURTLE CREEK CT						M /	<sup>D</sup> 1	<b>4</b> /	Υ	ž 0	0 6 °
	City NO. RICHLAND HILLS		State TX	Zip Code 76180		Amo	unt of I	Each	Disbu	urseme		is Period
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# SCHEDULE B (FEC Form 3 )

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FOR LINE NUMBER: PAGE 19/34 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) **BILL THOMAS CAMPAIGN COMMITTEE** Full Name (Last, First, Middle Initial) Transaction ID: SB17.12800 A. VICTORY FUNDS Date of Disbursement 2 2 0 6 2006 Mailing Address 6041 TURTLE CREEK CT City State Zip Code Amount of Each Disbursement this Period NO. RICHLAND HILLS TX 76180 23715.32 Purpose of Disbursement **SURVEYS** 005 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House Senate Primary General President Other (specify)

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	y Information copied from such Reports and for commercial purposes, other than using the				
$\setminus$	NAME OF COMMITTEE (In Full)				
$\mathbb{Z}$	BILL THOMAS CAMPAIGN COMMI	ITEE			
Α.	Full Name (Last, First, Middle Initial) LOUIS CAMILLERI				Transaction ID: SB20A.12830
					Date of Disbursement
	Mailing Address 120 PARK AVE, 22	2ND FLOOR			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & Q & G \\ Y & Z & O & O & G \end{bmatrix}$
	City NEW YORK	State NY	Zip Code 10017		Amount of Each Disbursement this Period
	Purpose of Disbursement				400.00
	REFUND OF CONTRIBUTION Candidate Name			010 Category/	Refund or Disposal of Excess Contributions Required Under
	Cardidate Name			Type	11 C.F.R. 400.53
		isbursement For:	2006		
	Senate President	Other (spe	X General cify) ▼		
	State: District:		<i>37</i> , <b>↓</b>		
В.	Full Name (Last, First, Middle Initial) DFF Y2K SPECIAL PURPOSE TRU	ST			<b>Transaction ID:</b> SB20A.12770 Date of Disbursement
	Mailing Address ONE MARITIME P SUITE 1400		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 1 & 0 & 0 & 0 & 0 \end{smallmatrix} $		
	City SAN FRANCISCO	State CA	Zip Code 94111		Amount of Each Disbursement this Period
	Purpose of Disbursement REFUND			010	2100.00  Refund or Disposal of Excess
	Candidate Name			Category/ Type	X Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House D Senate	isbursement For:	2006 X General		
	President	Other (spe			
	State: District:				
C.	Full Name (Last, First, Middle Initial) DGF Y2K				Transaction ID: SB20A.12773 Date of Disbursement
	Mailing Address ONE MARITIME P SUITE 1400	LAZA			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} I & D & D & I \\ 1 & 0 & 0 & I & N \\ \end{smallmatrix} & \begin{bmatrix} Y & Y & Q & Q & G & Y \\ 2 & 0 & Q & G & Y \\ \end{bmatrix}$
	City SAN FRANCISCO	State AL	Zip Code 94111		Amount of Each Disbursement this Period
	Purpose of Disbursement				2100.00
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	-	isbursement For:	2006	71	
	Senate President	Primary Other (see	X General		
	State: District:	Other (spe	ouiy) ♥		
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abla	NAME OF COMMITTEE (In Full)									_			
$\rangle$	BILL THOMAS CAMPAIGN COMMITTEE												
A.	Full Name (Last, First, Middle Initial) KATHLEEN CLARK KIES							f Di		sei	SB20 ment		
	Mailing Address 6109 FRANKLIN PARK F	RD					4	VI	Ľ	1		Ľ.	ž 0 0 6 °
		State VA	Zip Code 22101			Ar	nour	nt o	f Eac	h [	Disbui	seme	ent this Period
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	State: District:												
В.	Full Name (Last, First, Middle Initial) KENNETH KIES										SB20 ment	A.12	774
	Mailing Address 6109 FRANKLIN PARK RD						4	M .	/ D	1	<b>0</b> /	Y	ž 0 0 6 °
	•	State VA	Zip Code 22101			Ar	nour	nt o	f Eac	h [	Disbui	seme	ent this Period
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	Candidate Name		Category/ Type		X Contributions Required Under 11 C.F.R. 400.53				Inder				
	Office Sought: House Disburse	Primary	2006 X General										
	President State: District:	Other (spec	city) 🔻										
С.	Full Name (Last, First, Middle Initial) CHARLES JOHN MC ALLISTER										SB20	A.12	2776
	Mailing Address 1001 KEENE RD- S							_				Υ	2 0 0 6 °
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	CLEARWATER	State FL	Zip Code 34616-4633			Ar	nour	nt o	reac	n ı	DISDUI	seme	ent this Period 1000.00
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	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	2006 X General			-							
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NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE	:					
Full Name (Last, First, Middle Initial)  A. ROBERT ORTENZIO	ROBERT ORTENZIO					
Mailing Address 4716 OLD GETTYSBUF	RG .		04 / 10 / 2006			
City MECHANICSBURG						
Purpose of Disbursement REFUND Candidate Name		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought: House Senate President State: District:	ement For: 2006 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial)  B. ROCCO A ORTENZIO			Transaction ID: SB20A.12778  Date of Disbursement			
Mailing Address 7 WESTWIND DR			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & O & G \\ Y & Z & O & O & G \end{bmatrix}$			
City LEMOYNE	State Zip Code PA 17043		Amount of Each Disbursement this Period			
Purpose of Disbursement REFUND Candidate Name		010 Category/	Refund or Disposal of Excess Contributions Required Under			
		Type	11 C.F.R. 400.53			
Office Sought: House Disburs Senate President State: District:	ement For: 2006 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial)  C. PATRICIA RICE			Transaction ID: SB20A.12779 Date of Disbursement			
Mailing Address 11 HARPERS FERRY			$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Q & G & Y \\ 2 & 0 & 0 & G & Y \end{bmatrix}$			
City MECHANICSBURG	State Zip Code PA 17050		Amount of Each Disbursement this Period			
Purpose of Disbursement REFUND	Purpose of Disbursement					
Candidate Name						
Office Sought:  Senate  President  State:  Disburs	ement For: 2006 Primary X General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)			4700.00			
TOTAL This Period (last page this line number only						

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State:

# SCHEDULE B (FEC Form 3 )

District:

FOR LINE NUMBER: PAGE 23/34 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) **BILL THOMAS CAMPAIGN COMMITTEE** Full Name (Last, First, Middle Initial) Transaction ID: SB20A.12780 W. GENE WINTERS Date of Disbursement 10 o<sup>™</sup>4 2006 Mailing Address 4890RACQUET CT City State Zip Code Amount of Each Disbursement this Period DULUTH GA 30096 1000.00 Purpose of Disbursement **REFUND** 010 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2006 House X General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1000.00
TOTAL This Period (last page this line number only)	•	15300.00

# SCHEDULE B (FEC Form 3 )

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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam				
Ü	NAME OF COMMITTEE (In Full)	- and dad. 555 or any point			
$\rangle$	BILL THOMAS CAMPAIGN COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) 3M PAC				Transaction ID: SB20B.12762 Date of Disbursement
	Mailing Address 3M CENTER				$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} \begin{bmatrix} D & 1 & D \\ 1 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & 0 & 0 & 6 \end{bmatrix} $
	City ST PAUL	State Zip Code MN 55144			Amount of Each Disbursement this Period
	Purpose of Disbursement REFUND			010	1000.00  Refund or Disposal of Excess
	Candidate Name		7 6	Category/ Type	X Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: 2006 Primary X General Other (specify)	ıl		
В.	Full Name (Last, First, Middle Initial)	ONITIOTO DOLUTIONI	A O.T.	ON	Transaction ID: SB20B.12750
٥.	AMERICAN ASSOCIATION OF ORTHOD COMMITTEE	ONTISTS POLITICAL	ACTI	ON	Date of Disbursement
	Mailing Address 401 NORTH LINDBERG	H BOULEVARD			04 / 10 / 2006
	City ST LOUIS	State Zip Code MO 63141			Amount of Each Disbursement this Period
	Purpose of Disbursement	5000.00			
	REFUND Candidate Name			010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: 2006 Primary X General Other (specify)	ıl		
C.	Full Name (Last, First, Middle Initial)  AMERICAN HEALTH CARE ASSOCIATIO TTEE (AHCA-PAC)	N POLITICAL ACTION	I COI	MMI-	Transaction ID: SB20B.12747 Date of Disbursement
	Mailing Address 1201 L STREET NW				
	City WASHINGTON	State Zip Code DC 20005			Amount of Each Disbursement this Period
	Purpose of Disbursement REFUND			010	2000.00  Refund or Disposal of Excess
	Candidate Name		7	Category/ Type	X Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: 2006 Primary X General Other (specify)	ıl		
s	UBTOTAL of Disbursements This Page (optional)				8000.00
Т	OTAL This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3 )	Use sepera			IUMBE	R:			PAGE 25/34		
IT	EMIZED DISBURSEMENTS	for each ca	(check	only	iy one)				19a <b>Г</b>	7 19b	
		Detailed Si	ummary Page			20a	X	20b	_	20c	21
	y Information copied from such Reports and Statem- for commercial purposes, other than using the name										
$\setminus$	NAME OF COMMITTEE (In Full)										
2	BILL THOMAS CAMPAIGN COMMITTEE										
A.	Full Name (Last, First, Middle Initial)  AMERICAN PHARMACISTS ASSOCIATIO TTEE	N POLITIC	CAL ACTION C	OMMI-		Date of	of Di	sburse	men		
	Mailing Address 2215 Constitution Avenue	• NW				0 <sup>M</sup> 4	M /		0	/   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ž 0 0 6 °
	,	State DC	Zip Code 20037			Amou	nt of	Each	Disb		nt this Period
	Purpose of Disbursement REFUND			010		Re	efund	d or Dis	spos	al of Ex	2000.00 cess
	Candidate Name			Category/ Type				outions .R. 40		quired U	nder
	Office Sought: House Disburset Senate President State: District:	nent For: Primary Other (spec	2006 X General ify) ▼								
В.	Full Name (Last, First, Middle Initial) BURLINGTON RESOURCES INC. PAC (B	RPAC)						on ID: sburse	-	20B.12 t	764
	Mailing Address 5051 WESTHEIMER SUI	TE 1400				0 <sup>M</sup> 4	M /	<sup>D</sup> 1	0	/ Y	2006
	City S HOUSTON	Zip Code 77056			Amount of Each Disbursement this Period						
	Purpose of Disbursement REFUND	010				2000.00  Refund or Disposal of Excess X Contributions Required Under					
	Candidate Name		0000	Category/ Type		11	C.F	R. 40	0.53	juli eu O	ndei
	Office Sought: House Disburser Senate President	Primary Other (spec	2006 X General ify) ▼								
	State: District:										
C.	Full Name (Last, First, Middle Initial) COMPASS BANCSHARES INC POLITICAL ASS BANCPAC)	ACTION	COMMITTEE	(COMP-		Date of		sburse			
	Mailing Address POST OFFICE BOX 1056	66				0 <sup>M</sup> 4	/	1	Ŏ	′	ž 0 0 6 °
		State AL	Zip Code 35296			Amou	nt of	Each	Disb		nt this Period
	Purpose of Disbursement REFUND	010				1000.00  Refund or Disposal of Excess X Contributions Required Under					
	Candidate Name			Category/ Type				R. 40			nder
	Office Sought: House Disburset Senate President	ment For: Primary Other (spec	2006 X General ify) ▼								
	State: District:								_		
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name									
$\vdash$	NAME OF COMMITTEE (In Full)									
$ \rangle$	BILL THOMAS CAMPAIGN COMMITTEE									
Full Name (Last, First, Middle Initial)  A. GENERAL ELECTRIC COMPANY POLITICA			N COMMITTE	E	Date o		burse	SB20E ment		
	Mailing Address 1299 PENNSYLVANIA A	VE NW ST	E 1100		0 4		1	0	2	2006
		State DC	Zip Code 20004		Amou	nt of	Each	Disburs	emer	nt this Period
	Purpose of Disbursement REFUND			010	Be	efund	l or Dis	sposal o	-	5000.00
	Candidate Name		,	Category/ Type	X Co	ontrib		Require		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General <b>▼</b>							
_	State: District:									
В.	Full Name (Last, First, Middle Initial) GENERAL MOTORS CORP. PAC						on ID: sburse	SB20E ment	3.127	752
	Mailing Address P.O. BOX 300						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	,	State MI	Zip Code 48265		Amou	nt of	Each	Disburs	emer	nt this Period
	Purpose of Disbursement REFUND	010								
	Candidate Name	Category/ Type	X Co	ontrib	utions .R. 400	Require	ed Ur	nder		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	2006 X General							
	State: District:	Caron (open	,, ♥							
C.	Full Name (Last, First, Middle Initial) GOLDMAN SACHS GROUP INC POLITICATION	AL ACTION	N COMMITTEE				on ID: sburse	SB20E ment	3.127	753
	Mailing Address 1101 PENNSYLVANIA A	VE NW SU	ITE 900		0 <sup>M</sup> 4	M /	<sup>D</sup> 1	0 /	ÝŽ	2006
		State DC	Zip Code 20004		Amou	nt of	Each	Disburs	emer	nt this Period
	Purpose of Disbursement		1 L.					5000.00		
	REFUND 010 Candidate Name Categor					ontrib	or Dis utions .R. 40	sposal o Require	f Exc ed Ur	ess nder
	Office Sought: House Disburse Senate	Primary	2006 X General	Туре	-	·				
	President State: District:	Other (spec	ity) 🔻							
s	UBTOTAL of Disbursements This Page (optional) .			<b>&gt;</b>					15	000.00

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	y Information copied from such Reports and Statem or commercial purposes, other than using the name					
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE		•			
Α.	Full Name (Last, First, Middle Initial) INTUIT 21ST CENTURY LEADERSHIP FU				Transaction ID: SB2	
	Mailing Address 5601 HEADQUARTERS I	DRIVE			0 4 1 0	2006
		State TX	Zip Code 75024		Amount of Each Disk	oursement this Period
	Purpose of Disbursement REFUND Candidate Name			010 Category/ Type	Refund or Dispos Contributions Rec 11 C.F.R. 400.53	quired Under
	Office Sought: House Senate President State: District:	ment For: Primary Other (spec	2006  X General cify)	.,,,,,		
В.	Full Name (Last, First, Middle Initial) KINDRED HEALTHCARE INC. POLITICAL	. ACTION	COMMITTEE		Transaction ID: SB2 Date of Disbursement  M M M D D D  0 4 1 0	
	Mailing Address 680 South Fourth Street ONE VENCOR PLACE	ONE VENCOR PLACE			0 4 1 0	2006
		State KY	Zip Code 40202		Amount of Each Disk	oursement this Period
	Purpose of Disbursement REFUND Candidate Name			010 Category/	Refund or Dispos X Contributions Rec	quired Under
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	2006  X General cify)	Туре	11 C.F.R. 400.53	
C.	Full Name (Last, First, Middle Initial) KOCH INDUSTRIES INC POLITICAL ACTI	ON COM	MITTEE (KOC	HPAC)	Transaction ID: SB2 Date of Disbursemen	nt
	Mailing Address 655 15TH ST NW				04 / 10	Ý ŽOÕ6Ÿ
	•	State DC	Zip Code 20005		Amount of Each Disk	oursement this Period
	Purpose of Disbursement REFUND			010	Refund or Dispos	5000.00 sal of Excess
	Candidate Name			Category/ Type	X Contributions Rec 11 C.F.R. 400.53	quired Under
	Office Sought: House Senate President State: District:	ment For: Primary Other (spec	2006 X General cify) 🔻			
s	UBTOTAL of Disbursements This Page (optional)					11000.00
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Τ	EMIZED DISBURSEMENTS	for each cate Detailed Sum	gory of the (	(check only	17 🗌 18 🔲 1	9a
	y Information copied from such Reports and Statemor commercial purposes, other than using the name					
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) LOCKHEED MARTIN EMPLOYEES POLIT Mailing Address 1725 JEFFERSON DAVIS	S HIGHWAY		ΞE	Transaction ID: SB2 Date of Disbursement	0B.12748
	,	State Zip	p Code		Amount of Each Disbu	rsement this Period
	ARLINGTON Yurpose of Disbursement	VA 22	2202			2000.00
	REFUND Candidate Name			010 Category/ Type	Refund or Disposa Contributions Requ 11 C.F.R. 400.53	l of Excess uired Under
	Office Sought: House Senate President State: District:		2006 X General			
3.	Full Name (Last, First, Middle Initial) MEDCATH INCORPORATED COMMITTEE CARDIAC CARE	FOR THE II	MPROVEME	NT OF	Transaction ID: SB2 Date of Disbursement	
	Mailing Address 10720 SIKES PLACE SU	ITE 300			04 / 10	<sup>Y</sup> 2006
	,		p Code 8277		Amount of Each Disbu	ursement this Period
	Purpose of Disbursement REFUND		Γ	010	Refund or Disposa	4500.00
	Candidate Name			Category/ Type	Contributions Required 11 C.F.R. 400.53	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (specify)	2006 X General			
Э.	Full Name (Last, First, Middle Initial) METLIFE INC. EMPLOYEES' POLITICAL F	PARTICIPATI	ION FUND A		Transaction ID: SB2 Date of Disbursement	
	Mailing Address ONE MADISON AVENUE	<u> </u>			04	<sup>°</sup> 2006
			p Code 0010		Amount of Each Disbu	rsement this Period
	Purpose of Disbursement REFUND		Γ	010	Refund or Disposa	1000.00
	Candidate Name		(	Category/ Type	X Contributions Requ 11 C.F.R. 400.53	uired Under
	Office Sought: House Senate President State: District:		2006 X General			
SI	JBTOTAL of Disbursements This Page (optional)					7500.00
T	OTAL This Period (last page this line number only)					

# SCHEDULE B (FEC Form 3 )

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TEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a X 20b 20c 21
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and address of any political co		on contributions from such continues
BILL THOMAS CAMPAIGN COMMITTEE			
Full Name (Last, First, Middle Initial)  A. MORTGAGE INSURANCE COMPANIES COMMITTEE	F AMERICA POLITICAL F	ACTION	Transaction ID: SB20B.12768 Date of Disbursement
Mailing Address 1425 K St. NW Suite 210			04 10 7 2006
•	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement REFUND		010	5000.00  Refund or Disposal of Excess
Candidate Name	C	Category/ Type	X Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburser Senate President State: District:	nent For: 2006 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB20B.12827
NATIONAL BEER WHOLESALERS ASSOCIATION OF THE COMMITTEE	CIATION POLITICAL ACT	ION	Date of Disbursement
Mailing Address 1101 King Street Suite 600			04 10 7 2006
•	itate Zip Code /A 22314		Amount of Each Disbursement this Period
Purpose of Disbursement REFUND OF CONTRIBUTION		010	5000.00
Candidate Name		010 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	nent For: 2006 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  NEW YORK LIFE INSURANCE COMPANY TEE	POLITICAL ACTION COI	MMIT-	Transaction ID: SB20B.12760 Date of Disbursement
Mailing Address 51 MADISON AVENUE (S	110)		$ \begin{bmatrix} M & M \\ 0 & 4 \end{bmatrix} $ $ \begin{bmatrix} D & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix} $ $ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix} $
	itate Zip Code NY 10010		Amount of Each Disbursement this Period
Purpose of Disbursement REFUND		010	5000.00  Refund or Disposal of Excess
Candidate Name		Category/ Type	X Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	nent For: 2006 Primary X General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)		<b>•</b>	15000.00
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			Use seperate schedule(s)			FOR LINE NUMBER: (check only one)					PAGE 30/34		
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Δ.,	y Information copied from such Reports and Statem	anta may n	at be sald as used	l by c	uni i noronn f	20a		20b	_	20c	21		
	for commercial purposes, other than using the name												
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE												
Α.	Full Name (Last, First, Middle Initial) OCCIDENTAL PETROLEUM CORPORATI TTEE Mailing Address 10889 WILSHIRE BOULI			N CC	OMMI-	Date o		burse	ment		746 Ž 0 0 6 <sup>°</sup>		
	,	State CA	Zip Code 90024			Amou	nt of	Each I	Disb	urseme	nt this Period		
	Purpose of Disbursement REFUND				010	Re	efund	l or Dis	sposa	al of Ex	1000.00		
	Candidate Name			Са	tegory/ Type	X Co	ontrib	utions .R. 400	Req	uired U	nder		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	2006 X General										
В.	Full Name (Last, First, Middle Initial) PISTACHIO PAC					Date o	of Dis	burse	ment	0B.12	749		
	Mailing Address 517 C STREET NE					0 <sup>M</sup> 4	M /	<sup>D</sup> 1	0	Y	2 0 0 6 °		
	,	State DC	Zip Code 20002			Amou	nt of	Each I	Disb	urseme	nt this Period		
	Purpose of Disbursement REFUND Candidate Name		010				4000.00  Refund or Disposal of Excess Contributions Required Under						
	Candidate Name				tegory/ Type	11	C.F.	.R. 400	0.53	unca o	naci		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	2006 X General ecify) ▼										
C.	Full Name (Last, First, Middle Initial) PROCTER & GAMBLE COMPANY GOOD P&G PAC), THE	GOVERN	NMENT COMM	ITTI	EE (AKA	Date o	of Dis	burse	ment		767		
	Mailing Address One Procter & Gamble P	laza				0 <sup>M</sup> 4	M /	<sup>D</sup> 1	0	Y	ž 0 0 6 °		
		State OH	Zip Code 45202			Amou	nt of	Each I	Disb	urseme	nt this Period		
	Purpose of Disbursement REFUND				5000.0  Refund or Disposal of Excess					5000.00			
	Candidate Name				itegory/ Γype			utions .R. 400		uired U	nder		
	Office Sought:  Senate President  State:  Disburse	ment For: Primary Other (spe	2006 X General ecify) ▼										
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		Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF MARK FOLEY  Mailing Address 1316 LAKE VICTORIA D	R		Transaction ID: SB21.12816 Date of Disbursement  0 6
		State Zip Code FL 33461		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name	. 12 00.101	011 Category	Refund or Disposal of Excess Contributions Required Under
		ment For: 2006 Primary General Other (specify)	Туре	11 C.F.R. 400.53
В.	Full Name (Last, First, Middle Initial) HAYES FOR CONGRESS			Transaction ID: SB21.12813 Date of Disbursement  M M M D D D D Y Y Y Y O O O O
	Mailing Address Post Office Box 2000	State Zip Code		
	City Concord		Amount of Each Disbursement this Period	
	Purpose of Disbursement CONTRIBUTION Candidate Name HAYES FOR CONGRESS	011 Category Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought:  X House Senate President State: NC District: 08	ment For: 2006 Primary X General Other (specify)		
C.	Full Name (Last, First, Middle Initial) JD HAYWORTH FOR CONGRESS			Transaction ID: SB21.12815 Date of Disbursement
	Mailing Address 14300 N. Northsight Blvd	l. #105		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
		State Zip Code AZ 85260		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	011	1000.00  Refund or Disposal of Excess	
	Candidate Name JD HAYWORTH FOR CONGRESS	Category, Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought:  X House Senate President State: AZ District: 05	ment For: 2006 Primary X General Other (specify)		
s	UBTOTAL of Disbursements This Page (optional) .			3000.00
Т	OTAL This Period (last page this line number only)			<u> </u>

Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE	Detailed Summary Page nents may not be sold or used by any pers	
or for commercial purposes, other than using the nam  NAME OF COMMITTEE (In Full)  BILL THOMAS CAMPAIGN COMMITTEE		
NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE	, , , , , , , , , , , , , , , , , , ,	
E 11 A 1		
Full Name (Last, First, Middle Initial)  JEAN FULLER FOR ASSEMBLY  Mailing Address P.O. BOX 12889		Transaction ID: SB21.12824 Date of Disbursement  O 5 M / D 1 G / Y Y Y O O 6 Y
City BAKERSFIELD Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	State Zip Code CA 93389  011 Category	Amount of Each Disbursement this Period  100.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President State: District:	ement For: Primary General Other (specify)	
B. JERRY WELLER FOR CONGRESS INC.  Mailing Address P.O. Box 2368		Transaction ID: SB21.12820 Date of Disbursement  O 6 D 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Joliet  Purpose of Disbursement CONTRIBUTION  Candidate Name JERRY WELLER FOR CONGRESS INC.  Office Sought: X House Disburse Senate President	State Zip Code IL 60434  011 Category, Type ement For: 2006 Primary X General Other (specify)	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: IL District: 11  Full Name (Last, First, Middle Initial)  JOHNSON FOR CONGRESS COMMITTE  Mailing Address P. O. Box 1986	, ,	Transaction ID: SB21.12811 Date of Disbursement  M M / D 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9 7	State Zip Code CT 06050  011 Category, Type ement For: 2006 Primary General	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
President	Other (specify)	
State: CT District: 05		2100.00

50	CHEDULE B (FEC Form 3)	Use seperate sched	dule(s)	-	NUMBER:	PAGE 33 / 34
IT	EMIZED DISBURSEMENTS	for each category of Detailed Summary F	the	(check only	7 one) 17 18 20a 20b	19a 19b 20c X 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam					
$\rangle$	NAME OF COMMITTEE (In Full) BILL THOMAS CAMPAIGN COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) NAT'L REPUBLICAN CONGRESS'L COM Mailing Address 320 FIRST STREET	1M			Transaction ID: SB: Date of Disbursemer	
	City WASHINGTON	State Zip Code DC 20003	•		Amount of Each Disk	oursement this Period 70000.00
	Purpose of Disbursement TRANSFER OF EXCESS FUNDS Candidate Name			Category/	Refund or Dispos Contributions Red 11 C.F.R. 400.53	sal of Excess quired Under
	Office Sought:    House   Disburs	ement For: Primary Ger Other (specify)	neral	71		
В.	Full Name (Last, First, Middle Initial) RON LEWIS FOR CONGRESS  Mailing Address PO Box 307				Transaction ID: SB: Date of Disbursemer	
	City State Zip Co					oursement this Period
	Elizabethtown Purpose of Disbursement CONTRIBUTION	KY 42702			Refund or Dispos	1000.00
	Candidate Name RON LEWIS FOR CONGRESS		Category/ Type			quired Under
	Office Sought:  X House Senate President State: KY District: 02	ement For: 2006 Primary X Ger Other (specify) ▼	_			
C.	Full Name (Last, First, Middle Initial) SIMMONS FOR CONGRESS				Transaction ID: SB: Date of Disbursemen	
	Mailing Address P.O. Box 268 Drawer 27	<b>7</b> 1			06 / 27	2006
	City Stonington	State Zip Code CT 06378	;		Amount of Each Disk	oursement this Period
	Purpose of Disbursement CONTRIBUTION			011	Refund or Dispos	
	Candidate Name SIMMONS FOR CONGRESS		Category/ Type	11 C.F.R. 400.53	quired Officer	
	Office Sought:  X House Senate President State: CT District: 02	ement For: 2006 Primary X Ger Other (specify) ▼	-			
s	UBTOTAL of Disbursements This Page (optional)					72000.00
	OTAL This Period (last page this line number only					

# SCHEDULE B (FEC Form 3 )

FOR LINE NUMBER: PAGE 34/34 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) **BILL THOMAS CAMPAIGN COMMITTEE** Full Name (Last, First, Middle Initial) Transaction ID: SB21.12818 STEVE CHABOT FOR CONGRESS Date of Disbursement 27 0 6 2006 Mailing Address 3339 Harrison Ave. City State Zip Code Amount of Each Disbursement this Period Cincinnati OH 45211 1000.00 Purpose of Disbursement CONTRIBUTION 011 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 STEVE CHABOT FOR CONGRESS Type χ House Office Sought: Disbursement For: 2006 X General Senate Primary President Other (specify) State: OH District: 01 Full Name (Last, First, Middle Initial) Transaction ID: SB21.12826 SWEENEY FOR CONGRESS Date of Disbursement 0 6 2006 Mailing Address Post Office Box 1465 City State Zip Code Amount of Each Disbursement this Period Clifton Park 12065 NY 1000.00 Purpose of Disbursement CONTRIBUTION 011 Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2006 House Disbursement For:

X General

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	79100.00

Primary

Other (specify)

Senate

District: 20

State: NY

President